Australian primary health care centres: de facto Super Clinics?
Thomas D Brett

TO THE EDITOR: The growing burden of chronic disease, an ageing population and recurring workforce pressures have been identified as three key challenges facing Australia’s health care system. Coping with these challenges involves developing strategies to ensure equity in access to health services, better preventive health measures and a more patient-centred health service — all with a focus on better health outcomes for Australians.

In its discussion paper informing the development of the National Primary Health Care Strategy, the Australian Government sees general practitioner Super Clinics taking “an integrated and co-ordinated approach to delivering sustainable and efficient multidisciplinary models of care”, including chronic disease management in areas of high need. While laudable, this approach fails to acknowledge many of the outstanding services already available through existing community-based practices.

Over the past decade, the Australian primary care landscape has seen the evolution of various forms of primary health care centres (de facto Super Clinics) — some owned and managed by practising GPs, others by corporate structures. By and large, these primary health care centres are focused on catering to the needs of local patients in the communities in which they are located. These smaller practices, often employing 5–10 GPs, provide the critical mass of Australian primary health care services. Many provide a broad spectrum of care — physiotherapists, podiatrists, practice nurses, occupational therapists, clinical psychologists, dietitians, counsellors, psychiatrists — that meets local community demands. This is the type of community care that deserves to receive equal priority from the Australian Government in further developing and improving local health services. The prospects for such a team-building model being successful are far more likely if the demand is “bottom-up”, with community support for the primary care team, rather than the government imposing a more rigid, pyramidal “top-down” model.

Another approach might be for the government to provide some public services in already established primary care sector infrastructure. The possibility of taking fixed leases in established practices, as opposed to constructing large, expensive Super Clinics, would seem an obvious path and certainly merits consideration and evaluation of the benefits. Allied health professionals, practice nurses and aged-care support services could be employed to support existing on-site medical services. An integrated public–private sector model such as this has been used in Ireland and would fit well within the current Australian health structure and help consolidate the ongoing viability of many local practices.

Such an approach would broaden the availability of allied health and specialist health services to many local communities, with new Super Clinics reserved for areas of genuine “high need”. It would also serve to send a strong message of support to primary health care professionals and their patients. The opportunity to invest in primary care infrastructure and shift emphasis onto primary care prevention deserves greater consideration. Local practices have largely proved their flexibility to adapt to local needs — the government should match their efforts with innovative programs that support local primary health care centres and help guarantee equity in access and services for all consumers.

Competing interests: I have for 20 years been practice principal of Mosman Park Medical Group, a practice with eight GPs, two nurses, allied health staff (podiatrist, dietitian and phlebotomist) and on-site psychological services (a child psychiatrist and two clinical psychologists).

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